

RENAL DISEASE FORM INSTRUCTIONS
RDF VERSION A: 08/13/2005
QxQ Prepared: 09/09/2005

I. GENERAL INSTRUCTIONS

The Renal Disease Form (RDF) is administered by trained interviewers during the flexible component of the Exam 2 clinic visit. It collects information on the participant's symptoms and history of potential or confirmed renal disease. It is an expansion of the single dialysis time included in the Medical History Form (MHX-A) during Exam 1. The exact wording and order of the questions should be followed to ensure standardization. Questions should not be skipped unless indicated by the skip pattern instructions. Because there are several skip patterns in this section, the interviewer should be very familiar with the flow of the questions to insure smooth administration with a conversational tone. The interviewer must be certified and have working knowledge of the document "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year and Name should be completed as described in this form. Initiate the form by reading the script at the beginning of the form as printed.

II. SPECIFIC INSTRUCTIONS

1. This item is intended to assess the participant's experience of several warning signs or symptoms of kidney or urinary tract disease. Assure that the participant understands that symptoms should be experienced **REGULARLY**, that is multiple times during the course of a week. Ask each item as written and record the response provided by the respondent.
2. This item is intended to determine if a health care provider has ever told the participant that s/he has any of the health problems listed in items 2a-2k. Ask each item and record the response provided by the respondent.
3. This item is intended to determine if the participant has ever or is currently on renal dialysis. If NO, Skip to Item 5.
4. If YES to Item 3, this item is used to assess whether the duration of dialysis was greater than one month. If NO, Skip to Item 5.
- 4a. If YES to Item 4, this item is used to assess the total length of time on dialysis. Record in years, using leading zero if needed. If > 6 months round up to the next year. For example, if the participant has been on dialysis for 1 year and 8 months, enter 02 years. If > 6 months, but < 1 year, enter 01. If < 6 months enter the lower number. For example, if 1 year and 3 months, enter 01 years. If < 6 months, enter 00.

5. Record whether the participant has ever been evaluated for kidney transplant.
6. This item is intended to document any NEW diagnosis of kidney disease, that is, since the time of the JHS Exam 1 visit. Assure that the participant understands the time frame.

Administrative

7. Enter date of data collection.
8. Enter method of data collection.
9. Enter site of data collection.
10. Enter code of person completing the form.